THE AMERICAN LEGION
DEPARTMENT OF WISCONSIN

County Youth Government Day Report

Survey Sheet: Post Chairman and Post Commanders

RETURN THIS SURVEY TO YOUR COUNTY COMMANDER

District: _____ County: _____ Date of Program: _____

Location of Program: _____
Courthouse, City Hall, Etc. (Include Address)

Chairperson: _____ Phone: _____

Address: _____ City: _____ Zip: _____

County Commander: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Record of Posts, Units, and Squadrons involved in this year's County Youth Government Day Program

Post No.	Unit	Squadron	Post Location	High School	No. of Students

Totals:

_____ Posts **_____ Number of High Schools**

_____ Units **_____ Number of Students**

_____ Squadrons **_____ Number of Foreign Exchange Students**

Estimated Cost of Program $ _____ (This figure is important, please include.)

Brief Explanation of Costs: _____

_____

Record number of continuous years of your Program, if known: _____

Use reverse side for any comments. If available, attach a copy of your agenda.

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